OFFICE OF PUBLIC INSTRUCTION INCENTIVE AWARD NOMINATION FORM

The nomination must include the following information to be considered. Incomplete submissions will be returned. Questions about this process and nominations should be directed to Kathy Bramer. Please type or print clearly.

The Office of Public Instruction will make reasonable accommodation for persons with disabilities who wish to participate in the Incentive Award Program. To request an accommodation, contact Kathy Bramer, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501, 444-2562, FAX 444-1369, TDD 444-1812.

All nominations for incentive awards are public information and available for review.

EMPLOYEE, GROUP OR TEAM NOMINATED		
NAME(S) OF PERSON(S) NOMINATED	DEPARTMENT/DIVISION	TELEPHONE NO(S)
DESCRIPTION OF OUTCOME, ACHIEVEMENT OR SAVINGS		
A description of the outcome, achievement or savings and how it (attach additional sheets if necessary):		
 a) Exceeds normal expectations for the employee, or group or team of employees, or b) Has an impact on the delivery of service to the public or other customer, or c) Directly and to what degree contributes to the agency's objectives, goals and mission. 		

	ENTED SAVINGS
1. The dollar value of the documented savi	
2. Describe in detail the method used to de	termine the value:
SIGNATURE(S)	
Signature of the submitter(s)	Date
Address	Phone Number
Signature of the submitter(s)	Date
Address FOR AG	Phone Number SENCY USE ONLY
Date received	Received by